

Private Vehicle Modification Assessment/Consultations

Definition: Private vehicle assessment/consultation may be provided once a participant's specific need has been identified and documented in the Support Plan. The scope of the work and specifications must be determined. The criterion used in assessing a participant's need for this service are: 1) The parent or family member cannot transport the individual because the individual cannot get in or out of the vehicle; or 2) the individual can drive but cannot get in or out of the vehicle and a modification to the vehicle would resolve this barrier.

Private vehicle assessment/consultation may include the specific modifications/equipment needed, any follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment.

The consultation/assessment does not require submission of bids.

Service Limits: The reimbursement for the Consultation/Assessment may not exceed \$600.00

Providers: Private Vehicle Assessments/Consultations can be completed by Licensed Medicaid enrolled Occupational or Physical Therapists, Medicaid enrolled Rehabilitation Engineering Technologist, Assistive Technology Practitioners and Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North America (RESNA), Medicaid enrolled Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME) or by vendors contracted through the DSN Board to provide the service.

The individual/agency that is performing the consultation/assessment is ineligible to bid on the actual modification.

Arranging for and Authorizing Services: Before proceeding with bid requests, the Private Vehicle Modifications Fact Sheet (ID/RD Info Sheet-3) must be given to the participant/legal guardian. The information included in this fact sheet should be fully explained.

Once the participant's specific need has been identified and documented in the Plan and it is determined that Private Vehicle Modifications is the appropriate service to meet the need, the scope of work/specifications must be developed. This should be done in consultation with the participant and/or family and should define the expected modifications as clearly as possible.

Private Vehicle Modification Consultations are reviewed by the SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider.

Monitoring Services: The Waiver Case Manager must monitor the completed assessment within two (2) weeks of completion to verify it is satisfactory to the family.

Requests for Payment for Private Vehicle Modifications that are NOT direct billed:

Once the modification is completed and the WCM has monitored the modification to ensure satisfaction of the waiver participant, the Case Management organization will submit a request for payment via RBC (a secure DDSN Web Portal). Each Case Management organization will need access to RBC in order to submit payment

requests. If your organization does not have access, please put in a helpdesk ticket by sending an email to helpdesk@ddsn.sc.gov.

To request payment for a completed modification, the following information is required:

- Request for Modification Payment Form (located on business tools)
- Invoice from the vendor
- Waiver authorization form

When the work is completed to the satisfaction of the participant/participant's family, then the above documentation must be scanned and uploaded through the DDSN Web Portal through RBC.

Once the information has been received, it will be reviewed and a payment to the vendor will be issued through DDSN's Accounts Payable Department. To check the payment status, please send an email to AP@DDSN.SC.GOV.

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.